

**WEBSTER J. GUILLORY - ORANGE COUNTY ASSESSOR**

P.O. BOX 149, 630 N. BROADWAY ADDITION

SANTA ANA, CA 92702

PHONE (714) 834-2746

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their property tax base to a replacement property as provided by Section 69.5 of the Revenue and Taxation Code. In order to qualify for this one-time tax benefit, a licensed physician or surgeon of appropriate specialty must certify that the disability of the claimant or claimant's spouse is both severe and permanent. The definition for a severely and permanently disabled person is...any person who has a physical disability or impairment, whether from birth or reason of accident or disease, including, but not limited to, any disability or impairment which affects sight, speech, hearing or use of any limbs and which results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and which has been diagnosed as permanently affecting the person's ability to function. (Revenue and Taxation Code, Section 74.3)

I. TO BE COMPLETED BY A PHYSICIAN (PLEASE PRINT)

Patient's Name _____

Identify: (1) the specific reasons why the disability necessitates a move to the replacement dwelling and (2) the disability-related requirements, including any locational requirements, of a replacement dwelling.

I am a licensed ☐ physician ☐ surgeon. My specialty is: _____

I certify that in my medical opinion the above named patient does qualify as a disabled person according to the definition above.

Physician's Signature _____ Date _____

Physician's Name _____ Telephone () _____
PRINT OR TYPE DAYTIME**II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIAN (PLEASE PRINT)**

Claimant's Name _____ Property Address _____

Spouse's Name _____ Assessor's Parcel No. _____

CERTIFICATE OF DISABILITY (CHECK A OR B)

- ☐ A 1. The claimant or spouse must describe in his/her own words how the replacement dwelling meets the disability-related requirements identified in Part I (Part I must be completed by a physician).

AND

2. I declare under penalty of perjury under laws of the State of California that the primary purpose of the move to the replacement dwelling is to satisfy the identified disability-related requirements described in Part I.

OR

- ☐ B I declare under penalty of perjury under the laws of the State of California that the primary purpose of the move to the replacement dwelling is to alleviate the financial burdens caused by the disability.

SIGNATURE (S)

() DAYTIME TELEPHONE

DATE